

IDAHO STATE BOARD OF COSMETOLOGY

APPLICATION FOR LICENSURE

NOTICE

As noted in § 54-816, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; Malpractice or in-competency; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the cosmetology laws or rules. **NOTE: ANY PRACTICE PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE.**

INSTRUCTIONS

All requested information must be provided and all questions must be answered. Failure to complete the application and/or include the required fees will result in its denial. If you have ever held an Idaho license, you are not eligible for licensure by endorsement. You must submit a complete application together with documentation of your experience. The Board will review the information you submit, and may require you to submit additional materials, submit additional fees, and take all or part of the licensure examination.

If you are applying for licensure by endorsement based on a license from another state, etc., your application must include the endorsement fee, the original license fee, and acceptable proof of birth. Certification of your licensure must include an itemized record of instruction that shows the total hours of instruction, and the services completed during training. The Bureau of Occupational Licenses must receive certification of licensure, directly from the licensing agency that issued your license before your application will be processed. You are responsible for requesting certification from the agency that issued your license. Applicants from AK, CO, CN, D.C., FL, GA, IL, MD, MA, MI, NY, NC, OH, OK, OR, TX, UT, VT, VA, WA, Puerto Rico, and other territories and countries must also submit proof of a minimum 10th grade education or it's equivalent. To qualify for endorsement without examination, you must hold a current license issued by the licensing authority of another state, country, etc., and one of the following must apply:

1. The licensure requirements for the state in which the license was issued are of equal standard to those required in Idaho.

OR

2. You have practiced under said licensure for at least three of the last five years.

If you are applying for licensure by examination based on a license from another state, etc., your application must include the examination fee, the original license fee, acceptable proof of birth, and acceptable proof of a minimum 10th grade education or it's equivalent. Certification of your licensure must include an itemized record of instruction that shows the total hours of instruction, and the services completed during training. An acceptable certification form is attached and must be forwarded by you to the agency that issued your license. The Bureau of Occupational Licenses must receive certification of licensure, directly from the licensing agency that issued your license before your application will be processed. In-lieu-of-training hours will be allowed for each year of practical experience gained under licensure. (Please review Rule 401, 407, 413, & 419). Applicants who cannot meet and document the training/experience requirements must document graduation from an Idaho licensed school.

ENDORSEMENT APPLICATION FEE	\$100.00	EXAMINATION FEE	\$ 75.00
COSMETOLOGY LICENSE	\$ 25.00	NAIL TECHNICIAN LICENSE	\$ 25.00
ELECTROLOGIST LICENSE	\$ 27.00	ESTHETICIAN LICENSE	\$ 27.00

The Board has ruled that **all applicants must pass the Idaho Jurisprudence examination covering both the laws & rules** prior to licensure, as noted under Rule 450. Applications must be postmarked at least 30 days prior to the examination. Incomplete applications will be returned. FEES ARE NON-REFUNDABLE. All returned checks are subject to a \$20.00 fee.

The State of Idaho Cosmetology Laws and Rules may be downloaded at: <http://www2.state.id.us/ibol/cos.htm>

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO STATE BOARD OF COSMETOLOGY
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
cos@ibol.state.id.us

IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

APPLICATION FOR LICENSURE

Please complete this form by providing the requested information (please print - note the attached instructions). Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above.

I hereby submit my qualifications and make application for a license to practice: (please check applicable box(s))

☐ **Cosmetology**

☐ **Nail Technology**

☐ **Esthetics**

☐ **Electrology**

in the State of Idaho under the provisions of Title 54, Chapter 8, Idaho Code as amended.

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____

(The above address is public record) Street City State Zip

3. **Mailing address** _____

(The above address is not public record) Street City State Zip

4. **Place of Birth** _____ **Date of Birth** _____ / _____ / _____

mm dd yyyy

(If you did not graduate from an Idaho licensed cosmetology school, proof of age must be attached. See Rule 200.)

5. **Social Security No.** _____ - _____ - _____ **Home phone number** (____) _____ **E-mail** _____

6. **Do you have at least a tenth (10th) grade education or the equivalent?** ☐ **Yes** ☐ **No**

(If you did not graduate from an Idaho licensed cosmetology school, proof of 10th grade education must be attached. See Rule 250.)

7. **Have you completed the required training/experience as required?** ☐ **Yes** ☐ **No**

(Certified documentation of your training must be received by the Board directly from the training institution or licensing authority. No faxed or e-mailed copies will be accepted. Any experience under licensure in another jurisdiction must be noted on the addendum.)

8. **Are you or have you ever been licensed in any state to practice cosmetology wholly or in part?** ☐ **Yes** ☐ **No**

(If Yes, certification of licensure must be received directly from the licensing authority before your application will be processed.

Please review the attached addendum. If previously licensed in Idaho, enter your license number here: _____)

9. **Have you ever been convicted of any State or Federal felony?** ☐ **Yes** ☐ **No**

(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)

10. **Have you ever had a license revoked, suspended, or otherwise sanctioned in Idaho or elsewhere?** ☐ **Yes** ☐ **No**

(If yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

AFFIDAVIT

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I further certify that I have successfully completed the required training program and have been duly graduated. I further certify that I have reviewed the Idaho Laws and Rules governing the practice of Cosmetology and that I will comply with those laws and rules should I be granted licensure. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or its identified agent any and all information, communications, recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature

my commission expires _____

APPLICATION FOR LICENSURE
ADDENDUM

A. CHARACTER REFERENCES: All applicants must provide the names and addresses of three character references below.

B. WORK EXPERIENCE: Please list all work experience obtained under licensure. Experience obtained under a permit or prior to being issued a license will not be considered. Include employer names, addresses, phone numbers and dates of practice.

NAME OF SHOP _____ EMPLOYERS NAME _____

ADDRESS of SHOP _____ PHONE NO. _____

DATES of PRACTICE _____ TO _____
mm/dd/yyyy mm/dd/yyyy

NAME OF SHOP _____ EMPLOYERS NAME _____

ADDRESS of SHOP _____ PHONE NO. _____

DATES of PRACTICE _____ TO _____
mm/dd/yyyy mm/dd/yyyy

NAME OF SHOP _____ EMPLOYERS NAME _____

ADDRESS of SHOP _____ PHONE NO. _____

DATES of PRACTICE _____ TO _____
mm/dd/yyyy mm/dd/yyyy

If more space is needed, attach a separate sheet of paper

C. PHOTOGRAPH: All applicants must attach an original PASSPORT photo of yourself below.

ATTACH PHOTOGRAPH HERE	HEIGHT	
	WEIGHT	
	EYE COLOR	
	HAIR COLOR	
	OTHER DISTINGUISHING FEATURES	